



Application Data Sheet

Application Information

Application Number::	10/509841
Int'l. Filing Date::	April 9, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE
Attorney Docket Number::	M0765.70061US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Bradley
Middle Name::	T.
Family Name::	HYMAN
City of Residence::	Charlestown

State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 23 Bay View Avenue
City of mailing address:: Swampscott
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01907

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dudley
Family Name:: STRICKLAND
City of Residence:: Brookeville
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 19736 Golden Valley Lane
City of mailing address:: Brookeville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Ayae
Family Name:: KINOSHITA
City of Residence:: Yoshida Konoe-cho
State or Province of Residence:: Sakyo-ku
Country of Residence:: JAPAN
Street of mailing address:: c/o Horizontal Medical Research Organization

Unit of Neurological Science
Kyoto University Graduate School of Medicine
City of mailing address:: Yoshida Konoe-cho
State or Province of mailing address:: Sakyo-ku
Postal or Zip Code of mailing address:: 606-8501

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Christa
Family Name:: WHELAN
City of Residence:: Charlestown
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: c/o Massachusetts General Hospital
16th Street
Building 114, Room 2009
City of mailing address:: Charlestown
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: G.
Middle Name:: William
Family Name:: REBECK
City of Residence:: Washington
State or Province of Residence:: DC

Country of Residence:: US
Street of mailing address:: c/o Georgetown University, Box 571464
3970 Reservoir Road
City of mailing address:: NW, Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20057

Correspondence Information

Correspondence Customer Number:: 23628
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Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
10/509841	National Stage of	PCT/US2003/010938	04/09/03
PCT/US2003/010938	claims benefit of	60/371191	04/09/02

Foreign Priority Information

Assignee Information